

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H52726

(7)

1. Corporation Name

HOFFMAN TRAVEL SERVICE OF MIAMI, INC.

Principal Place of Business

9200 S. DADELAND BLVD., SUITE #620
MIAMI FL 33156

Mailing Address

9200 S. DADELAND BLVD., SUITE #620
MIAMI FL 33156-2714

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HARRISON, FRED A., JR.
9100 S DADELAND BLVD
1 DATRAN CENTER, STE 909
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.07(1) and 607.13(2), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.05(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME WENDLING, RICHARD J.
STREET ADDRESS 9200 S DADELAND BL #620
CITY- ST- ZIP MIAMI FL
TITLE DVP
NAME WENDLING, WILLIAM M
STREET ADDRESS 9200 S DADELAND BL #620
CITY- ST- ZIP MIAMI FL
TITLE DS
NAME WENDLING, MARK A
STREET ADDRESS 9200 S DADELAND BLVD, #620
CITY- ST- ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report, and supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I changed, or was an added agent with an address.

SIGNATURE

3. Date Incorporated or Qualified

04/15/1985

3a. Date of Last Report

04/05/1996

4. FEI Number

59-2483896

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03(2)
Florida Statutes

[] Yes [] No

10. Name and Address of New Registered Agent

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 NAME
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
15 NAME
16 NAME
17 STREET ADDRESS
18 CITY- ST- ZIP
19 NAME
20 NAME
21 STREET ADDRESS
22 CITY- ST- ZIP
23 NAME
24 NAME
25 STREET ADDRESS
26 CITY- ST- ZIP
27 NAME
28 NAME
29 STREET ADDRESS
30 CITY- ST- ZIP

[] Change [] Addition

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CR25034 (9/96)